03-30-05

PART B - FEE(S) TRANSMITTAL

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Gerald F. Swiss BURNS, DOANE P:O: Box 1404	CE ADDRESS (Note: Use Block 1 for 12/27/2004 SWECKER & MATE		MAR 2 8	EWYTH	papers. Each additionate its own certificate of Mailing or I hereby certify that this Fowith sufficient postage for	mailing can only be used fais certificate cannot be used all paper, such as an assignment of the control of the	ent or formal drawing, must d with the United States Postal Ser 534 863 US, in an envelope addres
Foley de Le	intolog 111				Rene (Campos	(Depositor's name)
1530 Paa	e Mul Road				0~		(Signature)
Palo Alto	(A GUZIVI				March	78,2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAME		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/987,619	09/987,619 11/15/2001		Eugene D). Thorse	tt	002010-596	7434
	CARBAMYLOXY COMPOU						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$300	\$1700	03/28/2005
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]	•
LUKTON	1653	1653 514-019		514-019000	-		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	r type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app F a substitute	ear on the	ne patent. If an assign g an assignment.	nee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGN /31/2005 EHAILE2 000		(B) RESIDENC	CE: (CIT	Y and STATE OR CO	UNTRY)	
					☐ Individual	orporation or other private gr	oup entity Government
a. The following fee(s) are Issue Fee	enclosed:	46	Payment of	• •	ount of the fee(s) is en	.1	
	small entity discount permitte	:d)	$\overline{}$		card. Form PTO-2038		
Advance Order - # of			•	-		harge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
	(from status indicated above MALL ENTITY status. See 3					LL ENTITY status. See 37 C	
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Authorized Signature	E Court	Lever	<u> </u>	,	Date	3/28/05	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Typed or printed name ___ Gerald F. Swiss

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

cant: Eugene D. THORSETT et al.

Title: CARBAMYLOXY

COMPOUNDS WCHICH INHIBIT LEUKOCYTE

ADHESION MEDIATED BY

VLA-4

Appl. No.:

09/987,619

Filing Date:

11/15/2001

Examiner:

D. Lukton

Art Unit:

1653

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Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with check No. 1163 in the amount of \$1,730.00 for payment of the Issue Fee, the Publication Fee and ten additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.